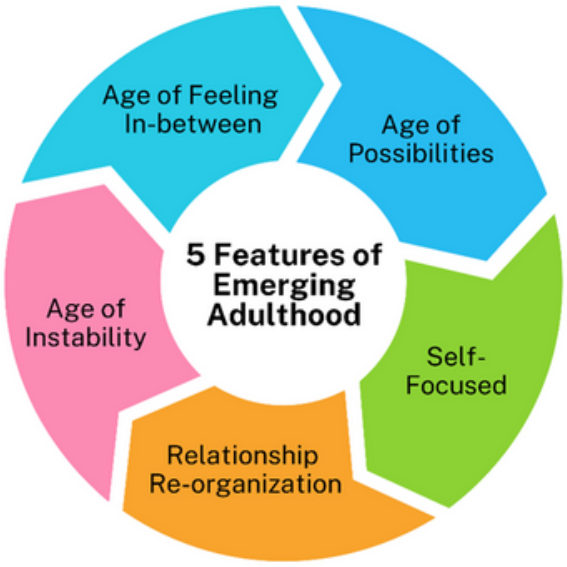
Why do Transition-Age Youth (TAY) with Serious Mental Health Diagnoses need a Different Service Approach?

Who are Transition-Age Youth?

Individuals aged approximately 16-26 are in the process of transitioning into adulthood. Adulthood is achieved typically by age 30 in the US and is defined as accepting responsibility for self, making independent decisions, and becoming financially independent.[1,2]

Transition-Age Youth (TAY) emerge into adulthood over time and benefit from a multidisciplinary community- and team-based approach to supporting their evolving goals.



Why do TAY need a different service approach than adults?

TAY have different needs, experiences and symptoms than middle aged adults. Typical adult community mental health services are designed for middle-aged and older adults with serious mental health diagnoses who need long-term support in managing their symptoms while living independently in the community. For decades, transition age youth have been deemed "challenging to engage," having "limited insight" into their mental health needs and "not committing" to services.[3–5] Likewise, youth/wraparound programs are not designed to meet the needs of emerging adults. Both adult and youth service models were not designed to accommodate the TAY stage of development.

Instead of adult programs changing to be more accommodating of TAY needs, young people were seen as "poor engagers" and "not worth the effort" necessary to support engagement regarding Medicaid and commercial insurance reimbursement. These sentiments delayed mental health treatment engagement among hundreds of thousands of TAY in the US,[6,7] resulting in TAY not engaging in treatment until they had experienced multiple negative outcomes for several years, including multiple ED visits and psychiatric hospitalizations, criminal justice involvement, substance use disorders, social isolation, school drop-out, unemployment and poverty . In the early 2000s, SAMHSA began funding TAY-specific community mental health service demonstration projects, which have produced additional insights into the unique needs of TAY with serious mental health conditions (SMHCs), and why services need to be different for TAY .[8]

The Emerge model focuses on all developmental and social aspects of wellness that are important in emerging adulthood: friends, romantic relationships, sense of belonging, work, school and career exploration, developing independent living skills and decision-making.[9,10]

Why Transition-Age Youth Need a Different Team Approach

TAY Needs	TAY Team Approach
Instability is the norm. TAY experience the most change, occurring across all life domains.[1–5]	**Multidisciplinary team-based approach using TIP Model helps developmentally attune care & unite team of specialists.**
Identity development is central. TAY experience developmental milestones & challenges while developing their sense of self.	**TAY teams embrace change, shifting priorities, risk taking.**
Building strong working alliances with TAY takes time.	**TAY require different and longer engagement periods to increase their buy-in to services.[27]**
TAY are typically living with family[34,35] and have family who want to be involved in their treatment.[36]	**Family engagement and support takes time and coordination.**
Socializing, relationships & belonging are central to healthy transitions-to-adulthood.	**Teams host support groups and small and large group activities to connect TAY with related interests, goals and needs.**
The prefrontal cortex in the brain (overseeing executive functioning) is not fully developed until age 25.	**Teams expect frequent crises & risk taking** [16,38] and support TAY in gaining insight and asking for help earlier in the development of a crisis.
Most TAY have smartphones and rely on their devices to connect.	TAY benefit from brief check-ins between longer in-person appointments to stay connected. Teams use a mix of texting, video-chat, phone and in-person check-ins.

Key TAY Team Practices

1. Prioritize their priorities, e.g., independence, community participation, relationships, and work and school. Levels of care are matched to needs — not prescriptive timelines.
2. Team collaborates and coordinates services in partnership with young people and their family.
3. Uses the Positive Youth Development Transition to Independence Process (TIP) Model to unite disciplines. Team members are also trained in Motivational Interviewing and Integrated Dual Disorder Treatment (IDDT).
4. Team includes specialty roles that directly support critical TAY developmental needs.
5. Supports experiential learning paired with self-reflection to promote self-discovery.
6. Empowers TAY to develop personal goals that are important for all aspects of their life.
7. Fosters strong working alliances between young people and team members.
8. Blends clinical expertise, TAY development, and lived and mental health experience perspectives.
9. Promotes social connection and community participation via small and large group program activities and events.
10. Provides tailored services that respond to current individual needs, goals, and preferences.
11. Meets with TAY where it makes sense (at home, community, office, video) to support their goals.
12. Uses harm reduction when supporting young people with navigating risky activities.
13. Involves different team members and natural supports with evolving TAY goals.
14. Engages in shared decision-making processes for TAY services, medication and resources that align with individual values and goals.
15. Develops and maintains partnerships with local resources, agencies, and hospitals.
16. Aims to directly address crises as they occur and triages teams to coordinate safety and support.
17. Meets with young people face-to-face in community twice a week or more depending on their evolving needs.
18. Matches TAY's pace — does not rush or get frustrated with instability and/or the evolving goals, priorities or interests of young people.
19. Assessment/Intake role is integrated into the program. Assessment approach is developmentally attuned, connecting with family, integrating young person's concerns + collateral information.
20. Transitions/Exits out of care: thinking about exits from the beginning; transition options for young people; transitions are not hard/fast; or at a specific age.

Composition of a TAY Team (serving approx. 50 clients)



- TAY Team is housed in an agency within child or adult services sector
- Agency TAY Steering Committee convenes monthly to troubleshoot team implementation needs.
- Education is necessary for leadership in child and adult services + administrative departments to value, understand and support TAY team operations and practices.

Team Role Descriptions

Primary & Secondary Community Support Specialists coordinate TAY care across TAY team members (and external partners and supports) and help TAY with developing and achieving personal goals.

Employment & Education Specialist uses the Young Adult Individual Placement and Support (IPS) Model of Supported Employment to support TAY with education and employment engagement and career development.

Team Lead coordinates the team to ensure young person's needs are met.

Therapist uses CBT, DBT and a family systems approach to help TAY (and the TAY team) to explore and better understand each TAY's unique mental health symptoms and related factors and develop effective coping skills and healthy routines.

Near-Age Peer Support Specialist uses their lived experiences as a TAY navigating life with a mental health condition to validate TAY challenges, develop a strong peerness-based relationship, advocate for TAY priorities and engage TAY in services.

Prescriber with adolescent & young adult expertise who uses "start low, go slow" approach to prescribing and coordinates prescribing practices with TAY and team.

Why TAY team caseload size and service productivity expectations should be lower than adult teams

1. Adult mental health service productivity requirements are not realistic for TAY mental health teams.[28] TAY teams aim to meet with TAY at least twice a week in-person in the community in varying locations depending on goals and related tasks. TAY teams have a shared caseload of 50 TAY across at least 5 full-time staff members and a very part-time prescriber. Typical TAY experiences that can result in lower productivity in community mental health settings include:

2. **TAY require different and longer (re)engagement periods** to increase their buy-in to services.[27] TAY need the opportunity figure out how services align with their evolving needs and goals. Developing a strong working alliance rooted in understanding, respect and trust takes time. Time spent early engagement prior to required assessment sometimes is not billable.

3. Compared to other age groups, TAY are the most mobile and transient.[1,18] TAY more frequently change living situations, where and with whom they spend their time, and what they want to focus on. **TAY need to reschedule and miss meetings more often because of their changing commitments and priorities.**

4. TAY are typically living with family members[34,35] and have caregivers who want to be involved in their treatment and care.[36] TAY best practice is to involve TAY-identified chosen family in mental health care.[37] **Family engagement and support takes time, relationship building, coordination and navigation.** Family support may not count towards productivity, or billing protocols around it are unclear.[15,18,38,39]

5. TAY benefit from services that are flexible, coordinated and conveniently located.[15,16] **Teams that offer flexible service options can increase service engagement and productivity.**

    a. Young people prefer briefer check-ins (via phone, text, video) multiple times a week rather than weekly longer in-person meetings.[16,17]
    b. Meeting in places outside of the home or office where young people feel comfortable and safe is crucial.[16–19] Driving/traveling to meet in the community can be inefficient to productivity at times due to TAY changing locations, canceling or rescheduling plans so frequently.[44,45]
    c. Teams serving TAY often provide “after hours” (nights and weekends) services when TAY are more likely to be available.[15–17,19]

6. Important activities for engaging and supporting TAY are often not “billable” by Medicaid and commercial insurance standards. These include coordinating care across TAY team members and other key supports, researching community resources, building partnerships with other specialty providers, institutions and agencies, planning social activities and providing brief motivational texts and/or phone calls to support TAY goal progress.

7. Social opportunities are central to TAY engagement, identity and relationship development,[40] wellness and service satisfaction.[40–42] TAY enjoy and benefit from participating in small and large group activities with peers. Staff time spent planning and coordinating TAY group activities and events is often not billable, but critical for TAY engagement and social support.

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